

The screenshot shows a software window titled "Create/Maintain Entity". It has a menu bar with "File", "Edit", and "Notices". The main area contains several input fields:

- "First": Example First Name
- "Middle": [empty]
- "Last": Example Last Name
- "Busn Phone": (111) 111-1111
- "Facsimile": (222) 222-2222
- "Email": example@example.net
- "License #": 3333333333

Below these is an unchecked checkbox labeled "Exclude".
Physical Address

- "Address 1": 123 1st Street
- "Address 2": [empty]
- "City": HELENA
- "State": MT
- "Zip": 59601

Mailing Address (if needed)

- "Address 1": [empty]
- "Address 2": [empty]
- "City": [empty]
- "State": [empty]
- "Zip": [empty]

A button labeled "Remove Mailing Address" is at the bottom left.
On the right side, there's a section titled "Example Agency" with two buttons: "Select Agency" and "Clear Agency". Below them is a scrollable list box titled "Agency". The first item in the list is "Example Agency" and is highlighted. The following items are redacted with black bars.

Column Name	Data Type	Nullable	Data Default	COLUMN ID	Primary Key	COMMENTS
ENTITY_ID	NUMBER	No	(null)	1	1	unique identifier
LICENSE_NO	VARCHAR2(20 BYTE)	Yes	(null)	2		(null) license number of the agent.
MOD_DATE	DATE	Yes	(null)	3		(null) when the row was modified.
CREATED_BY	VARCHAR2(60 BYTE)	Yes	(null)	4		(null) who created the row
CREATED_DATE	DATE	Yes	(null)	5		(null) when the row was created
MOD_BY	VARCHAR2(60 BYTE)	Yes	(null)	6		(null) who modified the row
AGENT_EXCLD_... VARCHAR2(1 BYTE)		Yes	'N'	7		(null) exclude the agent so that t...

Question #4 Agency

Create/Maintain Entity

File Edit Notices

Agency Name

Contact Name

Title

Busn Phone

Facsimile

Email

License #

☐ Exclude

Business Address

Address 1

Address 2

City

State

Zip

Mailing Address (if needed)

Address 1

Address 2

City

State

Zip

Column Name	Data Type	Nullable	Data Default	COLUMN ID	Primary Key	COMMENTS
REL_ID	NUMBER	No	(null)	1	1	unique id for the relationship
ENTITY_ID	NUMBER	Yes	(null)	2	(null)	entity id of the parent in the relationship
ENTITY_ID_REL	NUMBER	Yes	(null)	3	(null)	entity id of the child in the relationship
ENTITY_REL_TYP_CD	VARCHAR2(15 BYTE)	Yes	(null)	4	(null)	type of relationship
CREATED_BY	VARCHAR2(60 BYTE)	Yes	(null)	5	(null)	who created the row
CREATED_DATE	DATE	Yes	(null)	6	(null)	when the row was created
MOD_BY	VARCHAR2(60 BYTE)	Yes	(null)	7	(null)	who modified the row
MOD_DATE	DATE	Yes	(null)	8	(null)	when the row was modified

Question #5

All Case Notes for [REDACTED]

FormCaseNoteHist

	Created Date	Type	Title
▶	5/23/2012 1:18 PM	Other	Password Reset
	5/23/2012 1:17 PM	Adding/Removing Member/Subscriber	Change Form
	5/23/2012 1:16 PM	Bank Information	Bank Change Form

Case Note Text:

Recv'd Call from [REDACTED] asking for his password to be reset for online renewal application. Reset password to [REDACTED]

Close Print Case Note Print Case Hist Add Case Note

All Case Notes for [REDACTED]

FormCaseNoteHist

	Created Date	Type	Title
	5/23/2012 1:18 PM	Other	Password Reset
	5/23/2012 1:17 PM	Adding/Removing Member/Subscriber	Change Form
▶	5/23/2012 1:16 PM	Bank Information	Bank Change Form

Case Note Text

Recv'd bank change form for use First Interstate instead of Wells Fargo [REDACTED]

Close Print Case Note Print Case Hist Add Case Note

All Case Notes for [REDACTED]

FormCaseNoteHist

	Created Date	Type	Title
	5/23/2012 1:18 PM	Other	Password Reset
▶	5/23/2012 1:17 PM	Adding/Removing Member/Subscriber	Change Form
	5/23/2012 1:16 PM	Bank Information	Bank Change Form

Case Note Text

Recv'd change form to add [REDACTED] (spouse of owner [REDACTED])
DOB: [REDACTED]
SS # [REDACTED]
Prem \$325.00
[REDACTED]

Close

Print Case Note

Print Case Hist

Add Case Note

Column Name	Data Type	Nullable	Data Default	COLUMN ID	Primary Key	COMMENTS
CASE_NOTE_ID	NUMBER	No	(null)	1	1	unique identifier for the case_note
CASE_NOTE_TITLE	VARCHAR2(120 BY ...	Yes	(null)	2	(null)	title of the note
CASE_NOTE_TYP_CD	VARCHAR2(15 BYTE)	Yes	(null)	3	(null)	what type of note is it
CASE_NOTE_TEXT	VARCHAR2(2000 B...	Yes	(null)	4	(null)	text body of the note
ENTITY_ID_EMPLR	NUMBER	Yes	(null)	5	(null)	what business the note is for
CASE_NOTE_CREA_DT	DATE	Yes	(null)	6	(null)	who created the note
CASE_NOTE_CREA_BY	VARCHAR2(60 BYTE)	Yes	(null)	7	(null)	date the note was created

Question #25 desktop app

Create/Maintain Entity

File Edit Notices View Password

Federal Tax ID [REDACTED]

Legal Name [REDACTED]

Common Name [REDACTED]

Contact Name [REDACTED]

Title Owner

Busn Phone (406) [REDACTED]

Facsimile (406) [REDACTED]

Email [REDACTED]@gmail.com

Business Address

Address 1 [REDACTED]

Address 2 [REDACTED]

City HELENA

State MT

Zip 59601

Mailing Address (if needed)

Address 1 [REDACTED]

Address 2 [REDACTED]

City HELENA

State MT

Zip 59601

Clear Mailing Address

Bank Account Information

Bank Name [REDACTED]

Bank Routing Number [REDACTED]

Bank Account Number [REDACTED]

Bank Account Name [REDACTED]

Account Type ☒ Checking ☐ Savings

Bank Address 1 [REDACTED]

Bank Address 2 [REDACTED]

Bank City [REDACTED]

Bank State [REDACTED]

Bank Zip [REDACTED]

Bank Phone () - - Extn [REDACTED]

☐ Email EFT Receipt

Clear Bank Information

Application for [REDACTED] - Waiting List/Eligible

FileEditNoticesView

Employer Application

Business Owner Name

[REDACTED]

☐ Eams over \$75,000

Business Type

Corporation

Business Description

Education

Total Employees

9

Eligible

5

Enrolled

5

Related Business Total Emps

Related Business Elig

Employer Contrib %

50

☐ Business pays for Depends

☐ Delinquent Taxes

☐ Employees > \$75k

☒ Group Health Indicator

☐ Current Health Bill on File

Business Insurance Company

Business Insurance Policy Number

Related Employers

FEIN	Name	# Emps	# Elig Emps

Additional Owners

Additional Owner Name	Over \$75k

Employee Name	Age	Effective

Tax Credit Information for ██████████

File Edit Notices View

Form Certificate Complete

	Ex	Employee Name	Birth Date	Effective	End	Employee Premium	Business Contribution	Employee Contribution	Business Spouse
▶	<input checked="" type="checkbox"/>	Enter Employee ...	5/23/2012	1/1/2012	1/1/2012	0	0	0	0

Tax Credit Year:

Employee Name:

Birth Date:

Effective Date:

End Date:

Exclude from Calc:

Exclude Reason:

Employee Premium:

Business Contribution:

Employee Contribution:

Busn Contrib for Spouse:

Busn Contr for Depends:

Relationship	Effective Date	End
--------------	----------------	-----

New Policy for - ██████████ Inc

File
Notices
View
FormPolicyComplete

Policy

Policy #

Effective
06/01/2012

End
05/31/2013

Capped Tier
1

Provider

Program

Plan

Rate Tier

Load %
100.000

AR Number

☐ Do Not Renew

☐ Suspend

☐ Delinquent

☐ Refuse Incentive

Agent

Select Agent

Policy Renewal Status

Participants

Add
Remove

Employee Name	Birth Date	Age	Effective Date

Participant Detail

Plan ID

Effective
05/23/2012

End
05/23/2012

First Pay Date
05/23/2012

Coverage

Coverage Change Reason
CHIP Eligible

Payment Coverage

Contribution Percentage
50_
%

☐ Do Not Renew

☐ Holding

☐ Medicare Carve Out

☐ All Premium

☐ Exclude Assistance

Save
Close

Case Note

Question #25 web app

← → http://localhost:49568/IM_RENEWALS_2011/ ⌂ 🔍 × Insure Montana - Ac... ×

File Edit View Favorites Tools Help

× Norton - Ⓢ Safe Web - Ⓢ Identity Safe -

Monica J. Lindgren
ICS | Insure Montana
Member of the State of Montana

(800) 332-6148 or (406) 444-2040

Welcome to the Insure Montana Active Renewal Website.

Please login using the Login ID and Password you received in the mail. The Password is case sensitive.

You will be prompted to change your Password before entering your renewal application. Once you have changed your Password you will be required to login again using your login ID and new password.

You will be required to enter information in each field marked with an asterisk (*).

Please enter dates in this format: MM/DD/YYYY (01/25/2009)

Please enter all other numbers, such as Tax ID numbers, Social Security numbers and telephone numbers, without dashes or spaces. For example: 4065551212 rather than (406) 444-1212.

As you complete each page, you can choose one of the following:

- * *Continue* – the information you entered will be saved and you will advance to the next page.
- * *Back* – the information you entered will not be saved and you will return to the previous page.
- * *Logoff* – you will leave the application and all information (not previously saved) will not be saved.

Once your renewal application has been completed and submitted, you will receive a confirmation number for your records. Please feel free to print the confirmation page; however, **it is not necessary to report this number to the Insure Montana office.** Insure Montana staff will contact you for additional information, if necessary. After you submit the renewal application and receive a confirmation number you will not be able to re-enter the renewal application.

For instructions on how to complete the online renewal process, please visit our website at www.insuremontana.org and refer to the document titled "Online Renewal Process". If you need further assistance please contact your health insurance agent.

Login ID

Login Password

Login

Password Change

Insure Montana - Active Renewals - LoginPasswordChange - Windows Internet Explorer

File Edit View Favorites Tools Help

http://localhost:1549/Trunk/LoginPasswordChange.aspx

Insure Montana - Active Renewals - LoginPasswordCh...

MONTANA STATE AUDITOR
MONICA LINDEEN
COMMISSIONER OF INSURANCE
COMMISSIONER OF SECURITIES

820 Helena Ave. • Helena, MT 59601 • 800-332-6148

INSURE MONTANA

All Passwords are case sensitive and are limited to 10 characters.

Old Password:

New Password:

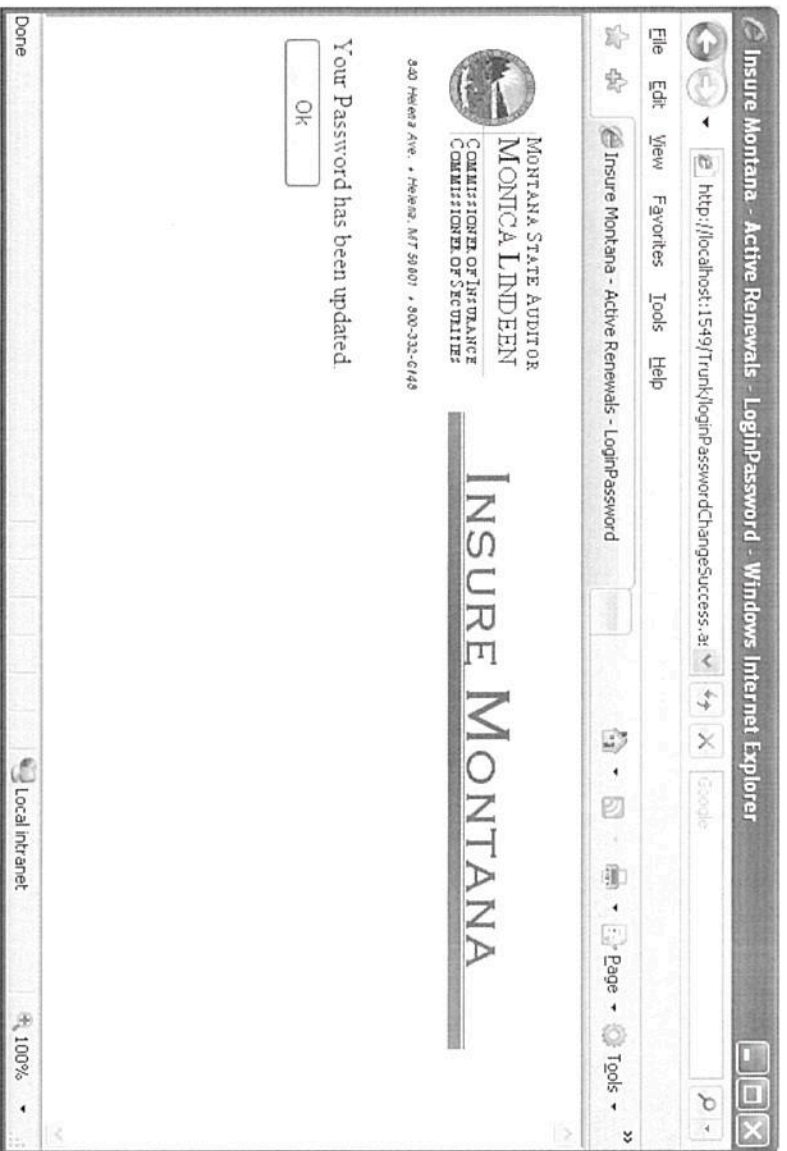
Confirm Password:

Ok Cancel

Done

Local intranet

100%



BusinessName.aspx

Older window that utilizes text boxes for each field instead of any of the stand data controls.

Uses the web_employer table. Uses pkg_web.prc_web_chg_employername to update the data.

The screenshot shows a web browser window with the address bar displaying "http://localhost:49568/JM_RENEWALS_2011/". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The Norton toolbar shows "Norton", "Safe Web", and "Identity Safe". The page title is "Insure Montana - Ac...".

The main content area features the "Insure Montana" logo with the tagline "Montana's Insurance Broker". Below the logo, the phone number "(800) 332-6148 or (406) 444-2040" is listed. A heading reads "Please update your Business Information (* Required data)".

A note states: "If the business name requires a change or update please complete a change report form found [here](#) and submit separately by fax or mail."

The form contains the following fields:

- Legal Name of Business: [Redacted]
- Type of Business Entity *: Sole Prop [Dropdown arrow]
- Company Name on Statement: [Redacted]
- Type of Business: Medical office
- Federal Tax ID *: [Redacted]
- Contact Name *: [Redacted]
- Contact Title: Business Manager
- Primary Owner Name *: [Redacted]
- Telephone: [Redacted]
- Fax: [Redacted]

At the bottom of the form are two buttons: "Continue" and "Logoff".

AdditionalBusinessOwners.aspx

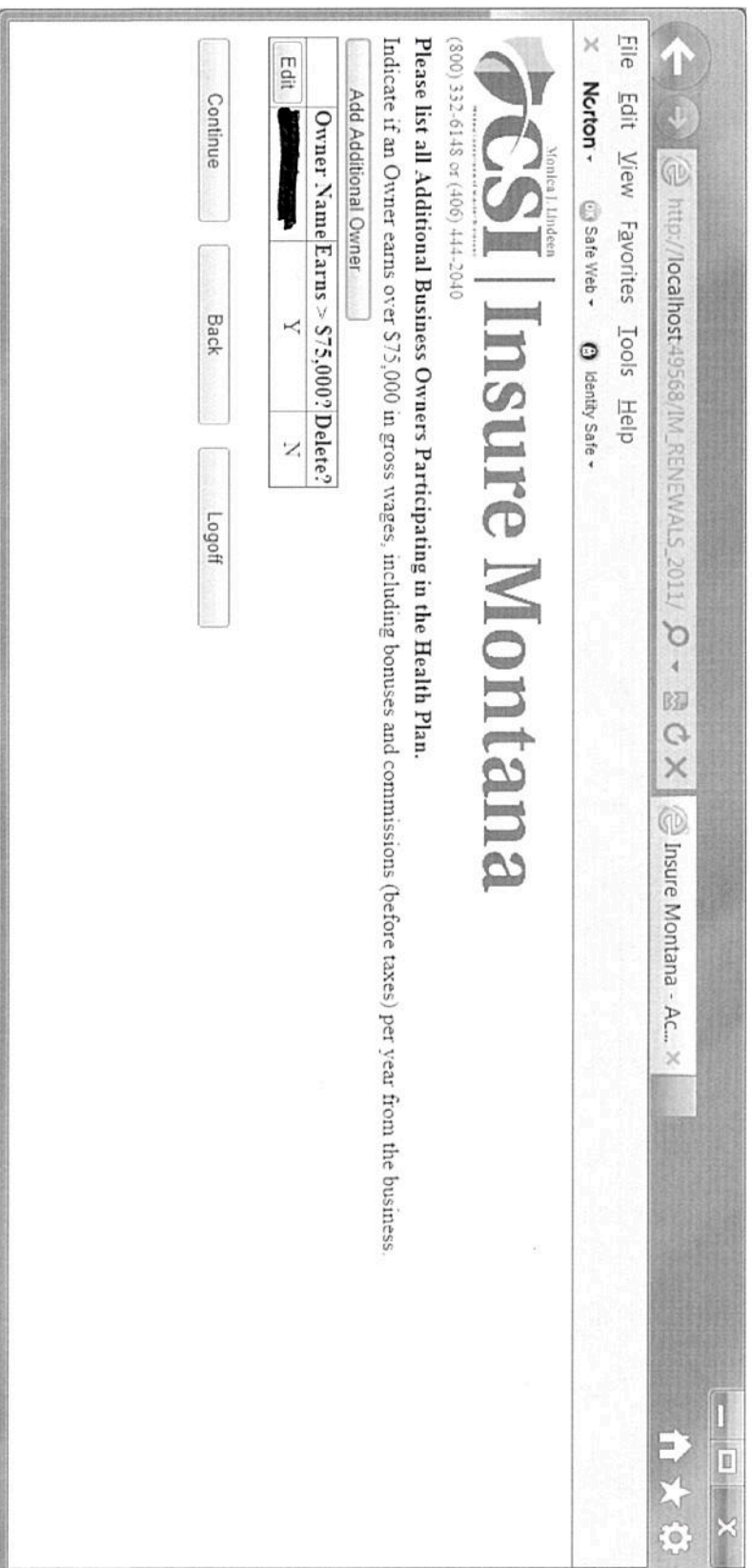
Displays all the Additional Owners for the business in a GridView control. Modifies data in web_add_busn_owners

Uses AddBusnOwners_Class.vb

Uses pkg_web.prc_web_ins_relatedemployers

PKG_WEB.prc_web_ins_addbusnowners

pkg_web.prc_web_del_addbusnowners



BusinessAddress2.aspx

Allows the business owners to update their contact information. Utilizes two wuc_ZipSearch controls.

The screenshot shows a web browser window with the address bar displaying `http://localhost:49568/IN/RENEWALS_2011/`. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The Norton toolbar shows Safe Web, Identity Safe, and Business Address. The page content features the WCSI logo with the text "Wondra J. Lindgren" and "Insure Montana". Below the logo, the phone number "(800) 332-6148 or (406) 444-2040" is listed. The main heading is "Business Address Information (* Required data)". A sub-heading reads "Physical Address (Do not enter a PO Box as your Physical address.)". The form contains several input fields: "Address Line 1*" (containing a redacted address), "Address Line 2", "City" (with a dropdown menu showing "LEWISTOWN"), "State" (with a dropdown menu showing "MT"), and "Zip Code*" (with a dropdown menu showing "59457"). Each dropdown menu has a "Change City/State/Zip" button. Below these fields is an "Email Address" field. A section titled "Mailing Address (if different from above)" includes a "Clear Address" button and three input fields for "Address Line 1*", "Address Line 2", and "City". At the bottom of the form are three buttons: "Continue", "Back", and "Logoff".

Wondra J. Lindgren
WCSI | Insure Montana

(800) 332-6148 or (406) 444-2040

Business Address Information (* Required data)

Physical Address (Do not enter a PO Box as your Physical address.)

Address Line 1*

Address Line 2

City

State

Zip Code*

Email Address

Mailing Address (if different from above)

Address Line 1*

Address Line 2

City

State

Zip Code

Insure Montana

A Related Business. Affiliates who are controlled by or are under common control with another entity or person; and, entities or persons that are eligible to file a combined or joint return for purposes of state taxation.

* **Eligible Employee** means any employee who works on a full-time basis with a normal workweek of 30 hours or more, except that at the sole discretion of the employer, the term may include an employee who works on a full-time basis with a normal workweek of between 20 and 30—hours as long as this eligibility criteria is applied uniformly among all of the employer's employees. Owners are eligible employees if they work 20 hours or more a week at the business.

Business Name	Federal Tax ID	Number of Employees	Estimated Eligible Employees	Delete?
Related Business	123456789	5	4	N

Logoff



Please answer the following questions for this Business and any Related Businesses entered on the previous page. (* Required data)

- "Eligible Employee" means any employee who works on a full-time basis with a normal workweek of 50 hours or more, except that at the sole discretion of the employer, the term may include an employee who works on a full-time basis with a normal workweek of between 20 and 30+ hours as long as this eligibility criteria is applied uniformly among all of the employer's employees. Owners are eligible employees if they work 20 hours or more a week at the business

- [Continue](#)
[Back](#)
[Logoff](#)

←

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http://localhost/

Insure Montana - Ac...

File

Edit

View

Favorites

Tools

Help

Morton

Safe Web

Identity Safe


Home

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(800) 332-6148 or (406) 444-2040

Business Premium Information: (* Required data)

What percentage of Employee-Only Premium does the business contribute to Employees? *

Does the business contribute towards premium for dependents? *

Continue

Back

Logoff

56

No ▾

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http://localhost:49568/IM_RENE

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🔄

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★


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✕

Insure Montana - Ac... ✕

File Edit View Favorites Tools Help

✕ Norton • 03 Safe Web • 03 Identity Safe •



Monica J. Lindeen

JOSI | Insure Montana

(800) 332-6148 or (406) 444-2040

Employee Information:

Below is a list of Employees currently on file for your business.

To add a new employee, change a current employee's name or remove an employee, complete this [form](#) and submit separately by fax or mail.

Employee Name
[REDACTED]
[REDACTED]

Continue

Back

Logoff

← → <http://localhost:495> Insure Montana - Ac... x

File Edit View Favorites Tools Help

x Norton Safe Web Identity Safe

Monica J. Linddeen
CSI | Insure Montana
INSURE MONTANA
(800) 332-6148 or (406) 444-2040

Please read the following text and check that you agree:

I certify, under penalty of law, that all my answers are correct and complete to the best of my knowledge. I understand the penalty for withholding or giving false information which may include a possible criminal offense (MCA 33-22-2009). I agree to provide documents to verify information on this application if requested. I understand that State staff may obtain documents and/or information to verify statements on this application.

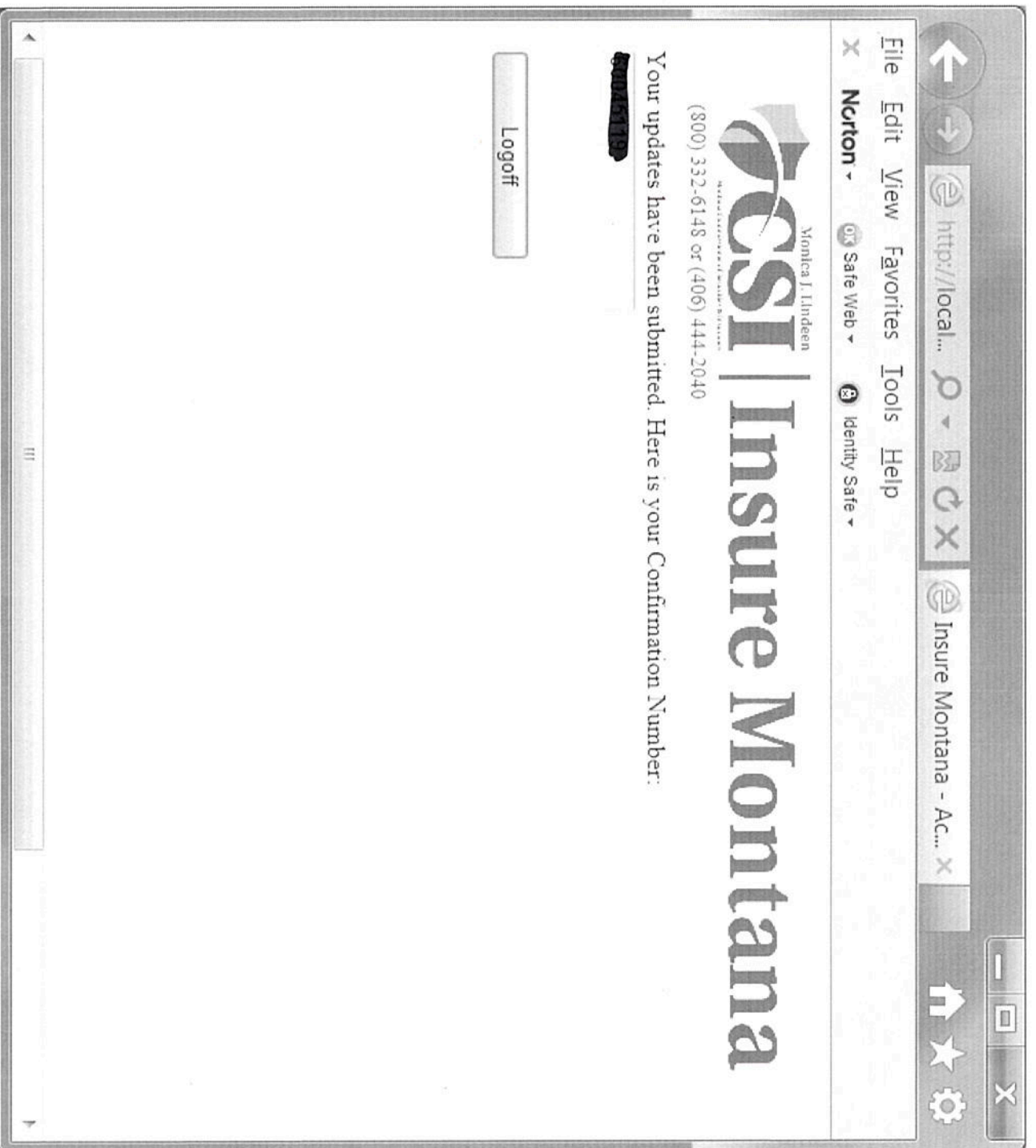
I agree ☐

Insure Montana incentive and assistance subsidy payments can be issued in one of two ways: by hard copy paper check or by an electronic deposit to a checking or savings account. If you have selected to receive an electronic payment, or EFT, you continue to receive a hard copy paper receipt, also known as an Advice.

Issuing EFT Advices by E-mail rather than a paper copy through the mail will be a significant cost savings for the Insure Montana program. If you are interested in receiving your EFT Advice via E-mail, please ensure you provided your E-mail address and check the box below.

Email Address:

☐ I authorize Insure Montana to send my monthly EFT Advice via e-mail.



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http://localhost:49

Insure Montana - Ac...

File Edit View Favorites Tools Help


X Norton - or Safe Web - Identity Safe -

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□

X


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Montana J. Lindgren
CSI | Insure Montana

(800) 332-6148 or (406) 444-2040

Enter Information for Tax Credit Program (* Required data)

Insurance Company * 

Policy Group Number * 

In addition to completing an online renewal application, you must also submit your most recent group health insurance monthly billing statement to the Insure Montana office by mail or fax at: 840 Helena Avenue, Helena, MT 59601 or (406) 444-3435.

Continue Back Logoff

Review Employee Information

Below is a list of all the employees

You must review the information

Employee	Birth Date
[REDACTED]	07/29/1967
[REDACTED]	07/11/1967

Continue

Logoff

← → http://localhost:49 Insure Montana - Ac...
File Edit View Favorites Tools Help
Norton Safe Web Identity Safe

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(800) 332-6148 or (406) 444-2040

Review Employee Information (* Required data)
If the Employee requires a date of birth update please complete a change report form found [here](#) and submit separately by fax or mail.

Employee Name *	[REDACTED]
Birth Date *	[REDACTED]
Employee Premium Amount	331
Employer Contribution to Employee Premium	150
Employee Contribution Amount	0
Business Contribution to Spousal Amount	0
Business Contribution to Dependent Amount	0
Number of Dependents	0
Date removed from policy	12/31/2010
<input type="button" value="Edit"/>	

Dependent Details (* Required data)

Type	Effective Date*	Date removed from policy	Member End Date
Edit Spouse			12/31/2010
Edit Dependent			12/31/2010
Edit Dependent			12/31/2010

Logoff

EmployeeAddress2.aspx

File Edit View Favorites Tools Help

X Norton X Safe Web X Identity Safe

http://localhost:9568/IM_R

Employee Address

Home Star Settings

If you have a name change please complete a change report form found [here](#) and submit separately by fax or mail.

First Name

Last Name

Employer Name

Physical Address (Required)

Please do not enter a PO Box as your address.

Address Line 1

Address Line 2

City*

State*

Zip Code*

Change City/State/Zip

Email Address

Home Phone

Work Phone

Mailing Address (if different from above)

Clear Address

Address Line 1

Address Line 2

City

State

Zip Code

Change City/State/Zip

Insure Montana

(800) 332-6148 or (406) 444-2040

Please update your Household Gross Income Information (* Required data)

Income should include annual income from all taxable sources

Single/No Children	Married/No Children	Single w/ Children	Married w/ Children
<input type="radio"/> less than \$9,570	<input type="radio"/> less than \$12,830	<input type="radio"/> less than \$16,090	<input type="radio"/> less than \$19,350
<input type="radio"/> \$9,570 - \$14,355	<input type="radio"/> \$12,830 - \$19,245	<input type="radio"/> \$16,090 - \$24,135	<input type="radio"/> \$19,350 - \$29,025
<input type="radio"/> \$14,355 - \$19,140	<input type="radio"/> \$19,245 - \$25,660	<input type="radio"/> \$24,135 - \$32,180	<input checked="" type="radio"/> \$29,025 - \$38,700
<input type="radio"/> \$19,140 - \$23,925	<input type="radio"/> \$25,660 - \$32,075	<input type="radio"/> \$32,180 - \$40,225	<input type="radio"/> \$38,700 - \$48,375
<input type="radio"/> \$23,925 - \$28,710	<input type="radio"/> \$32,075 - \$38,490	<input type="radio"/> \$40,225 - \$48,270	<input type="radio"/> \$48,375 - \$58,050
<input type="radio"/> \$28,710 and over	<input type="radio"/> \$38,490 and over	<input type="radio"/> \$48,270 and over	<input type="radio"/> \$58,050 and over

Continue

Back

Logoff

←

→

http://localhost:49568/IM_R

Safe Web

Identity Safe

Insure Montana - Ac...

Home


Star

Settings

File Edit View Favorites Tools Help

Norton Safe Web Identity Safe

Monica J. Lindgren

 **Insure Montana**

(800) 332-6148 or (406) 444-2040

Complete all required fields for household member

Name *	self
Relationship *	self
Gender *	M
SSN *	
Birth Date *	
Other Insurer? *	N
Insurer Name	
Date Left Household?	
US Citizen? *	Y
MT Resident? *	Y
Full Time Student? *	N
CHIP Eligible? *	N
Medicaid Eligible? *	N

Edit

To complete information, click on Edit, when you are done updating required fields, click Update, then continue to the next household member.

ContinueBackLogoff

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http://local...


Insure Montana We...

File Edit View Favorites Tools Help

Norton Safe Web Identity Safe

Home Star Settings

Monica J. Lindgren

 **Insure Montana**

TRUSTED INSURANCE BROKER - MONTANA

(800) 332-6148 or (406) 444-2040

This is the list of household members on file with Insure Montana.

Name
[REDACTED]
[REDACTED]
[REDACTED]
TestingAdd
TestingAdd2
TestingAdd3
dtgfd
doda

To add additional household members click "Add household Member".

Add household Member

If all household information is complete click "Continue" to complete your application.

Continue

Back

Logoff